EVADA ASSOCIATION	£ 171	ID EXPENSE	BUSINO	Stat	≈ 0 <i>C</i>
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illing Address (include city and zip code)	60 T	•		Telephone No.	_ , _
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and Appropriate Boulet (**) CANDOCATE			TV	AMENDED CT	MINISTER PROPRIA
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Report #2 Due — Octob	er 26, 200	4		SECRE	
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Name (print)	Office (if applicable)	District (if applicable)
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Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN
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New AV A ASSACIATION of Talle posses of Name (print) Office (if applicable)

District (if applicable)

Expense Categories

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	В
Expenses related to travel	С
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	н
** Goods and services provided in kind for which money would otherwise have been paid	I
Other miscellaneous expenses	J
Expenses related to NRS 294A.160 (Disposition of Unspent Contributions)	К

PAGE______OF______

^{**} NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

#*3*

Name (print)

Name (print)

Name (print)

Name (print)

Name (print)

Name (print)

Expenses in Excess of \$100 Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
SARROWN GLAP Jan. 601 Barren C+ Hende RS On , NO 85015	F	1 ,10/04	30000
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